ATSI: Foundations of Indigenous Health

Key Milestones:

- **1967** – referendum (ATSI recognised formally as Australian citizens)
- **1972** – Whitlam self-determinatoin approach (replaced assimilation approach – drive intergenerational change (ATSI drive their own healthcare)
- **Most Funding** = directed at paying wages of non-ATSI people who work in those services, programs and organisations
- **Closing The Gap by 2031 = indigenous voice guide indigenous health**
    - Need to provide culturally and linguistically appropriate services, referral and PT support

High incidence rate diseases:

- **Allergic reaction** to consumed dairy products ("cow's milk allergy)
- **Hearing difficulties** – **Otitis media (glue ear)**– just say what you want to hear, pauses and silences during conversations
- **FASD** – wide bridged nose, smooth philtrum → inattention, slow, poor judgment, short-term memory loss
- **Diabetes** – OGTT
- **Vision impairment** – glaucoma, cataracts, AMD
- ***Spiritual visits*** versus *psychosis* (seeing ancestors! Or sorry business!– ask if they feel scared to determine if it is indeed psychosis, have you seen spirits?)
- ***Mental health*** *= high suicide rates*
- ***Rheumatic fever → RHD → IE*** = common in rural and remote communities

Remoteness of communities

- **Limited facilities** (i.e. no internet, education, convenience store)
- Recognise that **only one HCW servicing entire community**
- **Inability to access** during wet seasons (e.g. East Arnhem Land- NT)
- **Social determinants of health =** *cost of food at local supermarket, wet/dry seasons, geographical isolation from healthcare*

Acknowledge Identity, culture, previous experiences/contexts

- **Identity**: do you identify as Aboriginal or Torres strait islander? Do you have ancestors?
    - **Value towards family rather than materialism**
    - **Is it their country/land?**
    - **Respect titles? –** would you like me to call you Aunty/Uncle?
- **Previous healthcare experience**: Describe how you feel. What aboriginal services do you use?
- **Most ATSI = are multilingual ➔ Aboriginal English** *= Mob, deadly, sorry business,*
- **Understand their context**: ?adoption into the home lands (very important)
    - Family - Who is your mother?→ Biological mother -studying overseas, in jail or Mother = aunty, grandmother
    - Who are you related to?
    - How has it been affecting you?
- Do **NOT** copyright creation stories form one another

Intergenerational trauma –Beware of unconscious biases

- **Stolen generation & institutionalisation** (removal from families) - **they all know of someone who died in custody.**
- Beware of shame and how it affects individuals- esp. those who are resilient (avoid question and answer)
- Beware of previous healthcare experience (their underlying perception, white Australia)

Management strategies:

1) Family based vs individual (maintain confidentiality – who would they like to be with?)
2) Label "CTG" on scripts = free or lowest price
3) Communication TO BUILD CONNECTION "WHAT'S HAPPENED TO YOU?"
    a. Beware male-male vs female interactions
    b. promote F/U if drug and alcohol abuse
    c. minimise eye-eye contact + respect pauses > 20s
    d. use appropriate humour
4) Involve aboriginal health worker (excellent liaison – minimise angst, elicit I/C/E)
5) Avoid pre-conception of come and go doctor

Emphasise importance of

1) resilience,
2) good role models,
3) kinship,
4) cultural foods
5) [LIVING ON COUNTRY]

Foundations of Indigenous Health – Remote, Rural and Urban Indigenous Health:

Describe health status epidemiology, the burden of disease and the health outcomes of ATSI

Different communities (high diversity – rural vs remote vs urban)

- **Multilingual** – ESL is common
- **Strong values and abide by institutional law**
- LIVING ON country (Gather and hunt/fish) w/ traditional medicines
- **KINSHIP** and family (differently expressed between rural vs remote vs urban – not as obvious in urban)
- Naming in children based on landmarks (e.g. rivers)

Rural vs Remote vs Urban:

- Rural/remote = **rheumatic fever** very common
  - Beware of what is "normal" – e.g. hallucinations may not actually be psychosis (esp. after the death of loved one)
- **Most ATSI in western NSW esp. Mt Druitt**
  - Diabetes is a major issue (common hospital Ax → use of glucose monitoring have been very useful on arm)
  - Part of integrated team care (ITC) program
- ***Similar statistics between urban and rural/remote communities**

Discuss system-wide approaches to improve ATSI health outcomes

- **NEW Closing the gap (whole approach) to allow indigenous voices to guide indigenous health**
  - Previous "closing the gap" program ➔ Majority, except education, was not achieved
- **Social determinant of health:**
  - Inability to access education and healthcare due to geographical location (cannot move to another place to get to school)
  - Costs of food in local supermarket → driving rising rates of chronic diseases (e.g. diabetes)
  - Wet/dry season → inability to access homes/healthcare
- **Labelling "CTG" on scripts – lower price or free prescriptions**

Generate strategies for anti-racist and affirmative action, ensuring the delivery of cultural respectful healthcare

- **Be enthusiastic – build bridges – learn words for engagement (e.g. simple greetings)**
- **Take the time to consult (at least 30 mins – do not talk about the medicine first)**
  - Do not drop names about Aboriginals who you know (can create conflict with other families where they are having conflict with)
  - *Promote follow-up – esp. alcohol and drug abuse*
  - Need to know the location / local area /
  - Beware of male – male doctor
  - Beware of checking menstrual cycle/pap smear – female doctor
- **Connecting with mob (using appropriate humour) → build rapport**
  - Who is part of their mob?
- **Respect titles (aunties/elders)**
- **Be holistic**
  - Generate common interests (e.g. local NRL clubs, hobbies)
  - Explore their reason for consultation – mental health presentation, substance abuse/misuse
- **Minimise eye contact as appropriately**
- **Ask "what's happened to you"**

Have an Indigenous health worker available:

- Many patients open up more freely towards other Indigenous that may be missed by the initial doctor
  - E.g. social worker, diabetic education, nurses

Foundations of Indigenous Health

Health care points to consider:

- **Communities very difficult to access** (e.g. East Arnhem Land – NT) especially during the wet seasons
- **Very limited facilities** (e.g. internet access, healthcare resources, education, convenience store)
- **Many are Multilingual** – ESL & native Indigenous language
- **Health issues may vary from community to community** (e.g. some communities have zero alcohol abuse, zero suicides but have higher rates of obesity and in other communities is the opposite)
- **Beware of the community leader** → strong connection to land
    - Different histories across different regions across Australia → e.g. transfer to Palm Island for assimilation into Western Society → disrupted integral family kinship and belonging to country
        - Hence developing relationship → improves engagement → e.g. share your personal self
        - It is reciprocal relationship →
        - Avoid preconceptions → minimise assumptions of poor education, healthcare literacy
        - Strengths approach → empower to engage, desire to understand
            - Ask what they expect from the consultation? E.g. what do you think is going on? How has it been affecting you?
        - **Different value system in indigenous** → who are you related to? NOT where you are from?
            - Urban – materialism and money/reputation -→ need to challenge this colonial sense of materialism → minimise erosion of culture
    - Severity of Impacts of **inter-generational trauma** and **institutionalization** varies and affects Indigenous differently (esp. their perception of authorities, white people)
        - **"Do you identify yourself as an Indigenous person?"**
        - **Avoid making assumptions!! → promote cultural safety & attempt to build rapport**
        - **Respect pauses → may be >20 s → more willing to share more information**
- Adoption into family – very important in the home lands

- **Medical decisions may be family based or individual** (respect autonomy of the patient or their entire family)
    - Respect confidentiality and informed consent
    - Ask who they would like to be with them – be upfront and transparent
- Do not copyright creations stories from other

Aboriginal health worker:

- **Interpret and translate communication in medically correct and culturally safe manner**
    - *Be mindful of cultural beliefs*
- **Minimise angst**
- **Helps enable understanding the ideas, concerns & expectations of Indigenous**
- **Psychosis may not be actually psychosis → esp. during "sorry business"**
- **May be the ONLY healthcare worker in a small community → have holistic understanding of Indigenous community issues and beliefs**
    - **Sore throat, cardiac arrest, mental health, health promotion & personal/family issues**
- **Pre-conception that as a medical doctor → come & go people (medical tourism)**

Understanding Indigenous Health

Understand contact history

Protection era – Aboriginal Protection Act 1909

- Totalitarian system of Forced assimilation
- Dictated every aspect of Aboriginal lives (i.e. employment, education, marriage etc.)

1938 Day of Mourning (150 years after 1st fleet) on Australia Day

- 1st major civil rights silent protest led by ATSI groups against healthcare inequities placed on ATSI

1949 Australian Citizenship Act

- ATSI allowed to vote in Commonwealth elections (only if enrolled or served in Armed Forces)
- Not until 1962 → all ATSI given vote in Commonwealth elections
- 1967 – referendum – allow ATSI to

1957: NADOC

- Promote aboriginal Sunday to draw community attention to ATSI people in Australia

1958: Federal Council for Advancement of Aborigines:

- 10 year campaign to end constitution discrimination against ATSI (could not enter pubs etc.)

1972: Whitlam Gov: Self-determination becomes official approach to indigenous affairs

- *Replaced old assimilation* approach
- Aboriginal medical services (AMS) Redfern = 1st community-run health service – model for self-determination delivery of healthcare
    - Majority of workers are Aboriginals → working in AMS may be their first and only job → have a deep relationship with patients
    - **Bulk-bill** specialist visits
    - Multiple health services in one place – convenient → specialist care with general health check-up

Contextualise social and cultural determinants

Social determinants	Cultural determinants
• *Conditions that we live, work and play by* • *Influences health at home and community*	• *Revolves around one's cultural identity and personal beliefs* • *Consider history, intergenerational trauma, control* • *Asking "what's happened to you?"* ○ *Do you identity as ATSI?"*

• *Gender*
• *Ethnicity*
• *Lifestyle – PA, diet, smoking, substance abuse*
• *Socio-economic class*
• *Social support*
• *Education+ Employment – degree of health literacy*
• *Sustainable home and work place*
• *Social inequity/access (foods, healthcare, gym, drugs)*
	• *Pillar of identity (kinship, language, connection to country)*
	• *Spiritual beliefs and rituals → emphasise cultural connection*
	• *Access to traditional medicine and foods*
	• *Intergenerational trauma + institutionalisation (acknowledge institution of colonialisation)*
	• *Strengths model (positive communication and role models)*
	  ○ *What can we do together to make this work?*
	  ○ *What concerns you most?*

**Address local level of health delivery* ***effective resource allocation (money, power etc.)*	**National Aboriginal Community controlled health organisation (NACCHO) – advises and guides Australian government on policy and resource allocation to promote community developed health solutions → ATSI-specific* ***Closing the Gap initiative → need to sign up → PBS funded medication* ****Address stigma both in healthcare and community → improve compliance to health FU*

Aboriginal health: physical, cultural and psychosocial health → give ATSI control over their own health

- Priority considers the local health needs, beliefs → promote self-determination (the needs of the community may differ from the Federal government advice for all health institutions)
  - ***High prevalent issues & Chronic diseases***: excessive smoking, obesity & diabetes (poor dietary lifestyle),
- Differences between rural and urban issues (align with community needs)

Social Determinants (barriers to care):

- Socio-economic (education, job, income, class)
- Geographical location (remote, wet/dry season)
- Intermediate (behaviour, psychosocial, biological factors)
- Politics (governance, polices and values)

Cultural Determinants:

- Advocate positive role models
- Emphasise kinship, resilience
- Importance of connection to land/country (local community), traditional medicines/foods, spirituality